

OPRD COMMITTEE APPOINTMENT INTEREST FORM

The purpose of this form is to assist OPRD in evaluating the qualifications of an applicant for appointment to a Grant Advisory Committee. Please complete the entire form and return to:

Grant Committee Appointments, OPRD, 725 Summer Street NE, Suite C; Salem, OR 97301
Or email to the appropriate address listed next to specific committee below:

COMMITTEES

Please indicate what committee and position you are applying for:

- | | |
|--|--|
| <input type="checkbox"/> All-Terrain Vehicle Advisory Committee | (Jeff.trejo@opr.oregon.gov) |
| <input type="checkbox"/> All-Terrain Vehicle Grant Subcommittee | (Jeff.trejo@opr.oregon.gov) |
| <input type="checkbox"/> All-Terrain Vehicle Highway Access Routes Advisory Committee | (Jeff.trejo@opr.oregon.gov) |
| <input type="checkbox"/> County Parks Assistance Advisory Committee (County Opportunity Grant Program) | (Julian.fedorchuk@opr.oregon.gov) |
| <input type="checkbox"/> Local Government Grant Program Advisory Committee | (Mark.cowan@opr.oregon.gov) |
| <input type="checkbox"/> Oregon Outdoor Recreation Committee (Land & Water Conservation Fund Program) | (Nohemi.enciso@opr.oregon.gov) |

Specific Position(s) applying for: _____

PERSONAL DATA:

Today's Date: _____

First Name _____ MI _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____ County _____

Business Name _____

Business Address _____

City _____ State _____ Zip _____ County _____

Occupation _____

Phone (_____) _____ Optional Phone (_____) _____

E-mail address _____

To find your legislative district, see: <https://www.oregonlegislature.gov/FindYourLegislator/leg-districts.html>

Or contact your County Elections Office.

Senate District # _____

House District # _____

Congressional District # _____

Optional:

To assist us in meeting our affirmative action objectives, we would appreciate the following information. Under state and federal law, this information may not be used to discriminate against you.

Race/Ethnicity

- ☐ Asian or Pacific Islander
☐ Black
☐ Hispanic

- ☐ Native American
☐ White
☐ Multiracial/Other

Disability: _____

Gender: _____

Relevant Education, Employment & Experience applicable to this position –

Please list all major employment, education and significant volunteer activities that pertain to the position(s) applying for. A current resume may be substituted for this section.

Dates (from-to) Employer/Organization

City/State

Title/Position

INTEREST IN APPOINTMENT - Describe in detail why you are interested in serving on this particular committee. Include information about your background that supports your interest. *You may complete this section on a separate sheet.*

References: Please provide information for three people you have served with on a committee or in a professional capacity.

Name

Email

Phone

| | | |
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Appointments are subject to confirmation by either the OPRD Director or the OPRD Commission. Committee members are considered public officials under ORS Chapter 244. As such, applicants may be asked questions about actual or potential conflicts of interest. For more information, please see the Oregon Government Ethics Law: A Guide for Public Officials

[<https://www.oregon.gov/ogec/Documents/2021%20PO%20Guide%20Final%20Adopted.pdf>]

I will accept appointment if selected by OPRD. And if appointed, I pledge my best efforts to disclose and resolve, before assumption of position, any conflicts of interest that would be inconsistent with my responsibilities.

Signature _____

Date _____